

800 Governors Drive Pierre, SD 57501-2235

T 605.773.3413 F 605.773.6846 www.doe.sd.gov

## COMMODITY LOSS REPORT

PROGRAM									
Agency	Phone			Agreement Num	Agreement Number				
Report by	Title			Report Date	Report Date  Approximate Date & Time of Loss				
Type of Loss	Date & Ti	me Loss Dis	covered	Approximate Dat					
☐ Theft ☐ Spo	ilage	mages							
Location of Loss	8			A d dra a a					
Agency Name				Address					
Commercial Storage				Address					
Type of Area				Has agency previously had a similar loss?					
☐ Freezer ☐ Refrigeration ☐ Dry Stor				□ No □ Yes Date Loss Report Filed:					
List Items Lost (	Use reverse side i	f additio	nal spac	e is need	led)				
Commodity	Quantity Lost	Units	Units/Cases		tract No.	Pack Date	Date Received		
		1							

Losses By Spoilage												
				peratures of Storage Area Checked?				Warning Device				
Spoilage Was Discovered		Daily	Wee	kly	Oth	er (Specify)		Yes	No			
Freezer	0											
Refrigerator	0											
Dry Storage	0											
Name of person temperatures m	Title:											
Is Professional Pest Control Use	Name of Company											
☐ Yes ☐ No												
Pest Control Frequency					Date of Last Control Service							
☐ Monthly ☐ Quarterly	☐ Yearly	Other	(Specify)									
Are Commodities Stored off the	Floor			Are the Dry Storage Areas Ventilated?								
☐ Yes ☐ No					☐ Yes ☐ No							
Is Loss Covered By Insurance?				Has Claim Been Filed With Insurance Company?								
☐ Yes ☐ No				☐ Yes ☐ No								
Losses By Theft Are Storage Areas Locked?  Yes No	Freezer(s)	□ No □	] N/A	Refrigerato	or(s)		Dry Storag	ge  \text{No}	□ N/A			
Did Police Investigate Theft?												
Yes (if yes, include cor	by of report	) No										
Is Loss Covered By Insurance?				Has Claim	Been Filed	With Insurance C	ompany?					
☐ Yes ☐ No					☐ Yes ☐ No							
Give complete details regarding	the theft:											
Signature of authorized represe	ntativo		Title				Dat					
oliginature of authorized represe	anauve		TILLE				Dat	<del>C</del>				
Signature of state agency representative T						Dat	e					

**Return to:** South Dakota Department of Education

Child and Adult Nutrition Services Food Distribution

800 Governors Drive Pierre, SD 57501-2235

Email: DOE.SchoolLunch@state.sd.us

Fax: 605-773-6846 follow with call to 605-773-3413 to confirm receipt

This agency is an equal opportunity provider.